FOR OFFICE USE ONLY



STATE OF ARIZONA

POLITICAL COMMITTEE TERMINATION STATEMENT

A.R.S. § 16-914; A.R.S. § 16-915.01

CITY CLERK'S

APR 0 2 2009

OFFICE

Full Name of Committee	
505 W. Main Ave.	** '
050 (Svande 85222 Anal (50)836-7013	8
City Zip Code County Phone #	
Sponsoring Organization or Candidate and email address Fax #	3. ID#
Office	MC-09-3
LECT THE BOXES THAT APPLY:	
A. This is to certify that all contributions received and all expenditures made on	behaelf of the political
committee indicated above have been reported as required by A.R.S. § 16-913. We full	ther certify that the
political committee will no longer receive any contributions or make any disbursements	
no outstanding debts or obligations, and that any surplus monies have been disposed of 915.01.	of pursuant to A.K.S. § 16-
Please mark the appropriate statement below to indicate which campaign finance	report states the
disposition of any surplus monies.	•
The disposition of surplus monies was submitted on the campaign fina	nce report filed on
3/31/09	•
The disposition of surplus monles is reported on the attached campaig	n finance report
The disposition of surplus fillerines is reported on the attached campaig	ii iiiaiioo roport.
B. • This committee hereby terminates all activity within the jurisdiction of	
and asserts that the commit	tee intends
(insert applicable district, town, city, county, or, if out-of-state committee, State of Arizona) to remain active in other jurisdictions and that the committee's remaining monies shall	he used for activity in othe
jurisdictions.	or about to about the mount
C. • • This committee has transferred the committee's debts and obligations to a s	ubsequent committee.
Please enter the full name and ID# of the committee into whi9ch debts and obligations	have been transferred.
Name of Committee	ID#
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